# *Mycoplasma pneumoniae*

## Information for Healthcare Providers

| | |
|---|---|
| **Clinical features** | Majority with upper respiratory tract infections with fever, cough, malaise, and headache. May lead to tracheobronchitis with fever and nonproductive cough: radiologically confirmed pneumonia develops in 3-13% of cases; rare extrapulmonary syndromes, including cardiologic, neurologic (including encephalitis), and dermatologic findings. |
| **Etiologic Agent** | *Mycoplasma pneumoniae*, a small bacterium. |
| **Incidence** | Each year an estimated 2 million cases and 100,000 pneumonia-related hospitalizations occur in the United States. |
| **Sequelae** | Persistent cough is common during convalescence; other sequelae are rare. Fatal cases are reported occasionally, primarily among the elderly and persons with sickle-cell disease. |
| **Transmission** | Person-to-person transmission by contact with contaminated respiratory droplets / secretions. |
| **Seasonality** | Infections with *M. pneumoniae* occur sporadically throughout the year, and outbreaks are most common during the fall, typically in 4-7-year cycles. |
| **Incubation Period** | Incubation period is 1 to 4 weeks. |
| **Risk Groups** | Persons of all ages are at risk but rarely children less than 5 years old. It is the leading cause of pneumonia in school-age children and young adults. Outbreaks can occur especially in crowded military and institutional (e.g., college) settings. Outbreaks in these settings can last several months. |
| **Surveillance** | No national surveillance system exists. |
| **Trends** | Unknown. However, with improved diagnostic testing, more cases may be identified. |
| **Challenges** | Diagnosis of acute infections remains difficult; therefore, early recognition of outbreaks has been problematic. Challenge: prevent secondary cases in outbreak by prompt initiation of control measures. |
| **Diagnosis** | Basic diagnostic strategy in clinical practice includes standard polymerase chain reaction (PCR). New diagnostic techniques (PCR-related methods) may enable more rapid diagnosis. |

**Additional information**

- *M. pneumoniae* is a common cause of acute upper and lower respiratory infection in children and young adults.
- The long incubation period (1-4 weeks) may contribute to protracted duration of epidemics.
- Epidemics spanning several months may occur in institutional settings where prolonged contact is common.
- The precise incidence of Mycoplasma infection is unknown because routine surveillance is not conducted and laboratory confirmation is usually not obtained. However, prospective studies suggest that *M. pneumoniae* accounts for 15%-20% of community-acquired lower respiratory infection in adults
- Approximately 20% of infections are asymptomatic; symptomatic disease is typically mild and is characterized by nonproductive cough, fever, malaise, and pharyngitis.
- 3%-13% of patients infected with *M. pneumoniae* develop pneumonia. Less common complications include adult respiratory distress syndrome, pericarditis, myocarditis, hemolytic anemia, and encephalitis (infection of the brain).
- Macrolides or tetracyclines are the antimicrobials of choice for *M. pneumoniae* infections; however, treatment does not eradicate carriage of the organism.
- The efficacy of prophylactic antimicrobial use in outbreak settings is undetermined.

For immediate assistance please call please call us (24/7/365) at (304) 558-5358 or toll free in West Virginia (800) 423-1271 or visit our website at www.dide.wv.gov

Adopted from: www.CDC.gov